## **INITIAL APPLICATION**

# FOR LICENSING AS A LEAD TRAINING PROVIDER

Complete all sections of the application either by hand printing in ink or typing. Be sure to sign the completed application and include the appropriate application fee. Attach additional information as necessary.

1. APPLICANT:
Company Name:
a/k/a:
Company Address:
Company Phone Number:
Company Fax Number:
Principal Course Instructor: Title:
Previous License Number (if applicable):
2. LICENSE INFORMATION:
A) Are you presently permitted, licensed, certified or registered in the lead abatement field with another state? YES NO
If YES: State Number:
State Number:
State Number:

## 3. QUALIFIED TRAINING MANAGER:

Please provide the name, background, education, training, and experience of the training manager responsible for the development and administration of the training courses. This must include proof that the training manager has:

A post-secondary degree in adult education, or successfully completed a "train-the-trainer" course approved by the Department, or at least two full years experience teaching adult learners;

Successfully completed at least 16 hours of accredited lead-specific training; and

Demonstrated experience, education or training in lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene.

Name:
-------

### 4. TEACHING FACILITIES

Please provide the location and description of the classroom and "hands-on" facilities that you will normally use for your training courses. Whenever you propose to use other facilities than those you describe here, you must provide a similar description to the Department and obtain approval for those facilities prior to use.

### 5. INFORMATION FOR ACCREDITATION OF COURSES

Please check each of the lead courses for which you are applying for accreditation:

LEAD ABATEMENT WORKER (24 hrs, including minimum 10 hrs hands-on) REFRESHER (8 hrs)

PROJECT SUPERVISOR (32 hrs, including minimum 8 hrs hands-on) REFRESHER (8 hrs)

LEAD INSPECTOR (32 hrs, including 8 hrs hands-on) REFRESHER (8 hrs)

RISK ASSESSOR (16 hrs, including minimum 4 hrs hands-on) REFRESHER (8 hrs)

DESIGN CONSULTANT (16 hrs) REFRESHER (8 hrs)

LEAD-AWARE SPECIALTY CONTRACTOR (8 hrs)
• REQUIREMENTS:

Please provide the following information on each training course for which you are applying for accreditation.

Course outline detailing specific topics to be covered, along with the estimated amount of time allotted to each topic. (See Chapter 424, Section 8.D for required course content).

A copy of the training course manual with all printed material to be distributed to course participants.

A description of teaching methods to be utilized, including description of audio/visual aids in both the classroom lectures and in hands-on portion of the training.

A statement that under no circumstances will the student to instructor ratio for hands-on be greater than 10 to 1.

A description of the hands-on skills proficiency assessment to be given during the training course (not applicable to Design Consultant).

A quality control plan to maintain and improve the quality of the training program over time. This needs to include procedures for periodic revision of training materials to reflect innovations in the field and periodic review of the principle instructor's competency.

Any other information necessary for the Department to determine the adequacy of the training course content and presentation.

### 7. COURSE CERTIFICATES

Please provide a sample of the uniquely-numbered certificate to be issued and mailed to training course students upon successful completion of the course. This certificate must contain all the information listed in section 8.A(5) of Chapter 424.

### 8. APPLICATION AND LICENSE FEES:

The application must include a non-refundable cashiers, certified or company check in the amount of \$500.00 made payable to the Maine Environmental Protection Fund.

#### 9. SIGNATURE:

I certify that the training courses provided by this company meet the accreditation requirements established in sections 8.B, 8.C, and 8.D of Chapter 424, the Lead Management Regulations. I further certify that these courses will be implemented in accordance with sections 8.E, 8.F and 8.G of Chapter 424. The Department will be allowed to audit any and all aspects of each of these courses. I will maintain student records for at least two years and will provide these to the department upon request.

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS THERETO AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

SIGNED:	 	
DATE:		
PRINTED:		

RETURN TO: Lead & Asbestos Hazard Prevention Program

Department of Environmental Protection 17 State House Station Augusta , Maine 04333-0017 (207) 287-2651